



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
EMPLOYEE LEASING SERVICES
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, SIXTH FLOOR
NASHVILLE, TENNESSEE 37243
(615) 253-1199 FAX: (615) 741-1245

STAFF LEASING COMPANY/GROUP APPLICATION

APPLICATION FEE: _____

1. Firm Name: _____

Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

Telephone: _____ Fax: _____

2. Identify the type of license for which application is made and enclose a check for the appropriate nonrefundable application fee specified in Rule 0780-5-8-.07 and set out below.

_____ Staff Leasing Company Application Fee \$250

_____ Staff Leasing Group: (Two (2) or more but not more than five (5) corporate staff leasing companies each of which are majority owned by the same ultimate parent, entity or person) Application Fee \$250

_____ Restricted Staff Leasing Company: (Nonresident firm who does not maintain an office or representatives in Tennessee, places less than one-hundred (100) employees in Tennessee and meets all other statutory requirements)

Application Fee \$100

_____ Restricted Staff Leasing Group: (Staff Leasing *Group* who meets the same criteria as an applicant for a restricted staff leasing company license)

Application Fee #250

3. Type of Business Organization

Please check one of the following:

(_____) Sole Proprietorship (_____) Partnership (_____) Corporation or LLC

A.) SOLE PROPRIETORSHIP

Owner's Name: _____ Date of Birth: _____

Home Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

Home Telephone Number: _____ Social Security# _____

B.) PARTNERSHIP

For each partner, complete the following. (Attach Additional 8 1/2 X 11 Inch Sheets as needed.)

Partner's Name: _____ Date of Birth: _____

Home
Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

General Partner: _____ Limited Partner: _____

Home Telephone Number: _____ Social Security #: _____

Partner's Name: _____ Date of Birth: _____

Home
Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

Home Telephone Number: _____ Social Security #: _____

General Partner: _____ Limited Partner: _____

Attach either a copy of the partnership agreement or an affidavit signed by all general partners to the effect that no written partnership agreement.

C.) CORPORATION OR LIMITED LIABILITY COMPANY

Corporation or LLC
Name: _____

State of Incorporation: _____ Date of Incorporation: _____

President's Name: _____ Date of Birth: _____

Home
Address: _____

Home Telephone Number: _____ Social Security #: _____

Attach a copy of the articles of incorporation or the articles creating the limited liability company.

Provide the names and addresses of current shareholders and those who formerly owned a five percent (5%) or greater interest in the corporation/LLC or its predecessors in the preceding five (5) years.

NAME	ADDRESS	DESCRIPTION OF INTERESTS
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_____	_____	_____
_____	_____	_____

GROUP APPLICANTS READ CAREFULLY

*If a group, the parent entity or other entity authorized to act on behalf of the group shall be the applicant, the applicant shall include for each staff leasing company within the group the information required for partnerships and corporations.

4. Residency

In what state is the company or group domiciled? _____

If other than Tennessee, does such state require a license or registration to act or engage in the business of a staff leasing company? _____

A.) Nonresidents Applying for Unrestricted Licenses Only

Complete the form below appointing an agent to act as the applicant's representative to receive legal process issued against it in this state.

If the applicant's state of residence or domicile requires a license or registration to engage in staff leasing, provide either:

- a) a copy of the applicant's license to engage in staff leasing in the applicant's state of domicile and a notarized statement from the state that granted said license to the effect that the applicant is in good standing in such state; or
- b) a notarized statement by the applicant to the effect that the applicant is not licensed in its state of residence or domicile due to the fact that the applicant does not engage in staff leasing in that state.

If the applicant's state of domicile does not require a license or registration to engage in staff leasing, attach a notarized statement from the applicant to the effect that no license is required by the applicant's state of domicile.

B.) Applicants for Restricted Licenses Only

Complete the form below appointing a recognized and approved entity as the applicant's representative to receive legal process issued against it in this state.

Attach either of the following:

- a) copy of the applicant's license to engage in staff leasing in the applicant's state of domicile and a notarized statement from the state that granted said license to the applicant to the effect that the applicant's license is in good standing in such state; or
- b) a notarized statement by the applicant that no license is required by the applicant's state of residence to engage in staff leasing in that state.

Also attach a notarized statement from the applicant to the effect that:

- 1) the applicant does not maintain an office in this state;
- 2) the applicant does not maintain a sales force or have a sales representative in this state; and
- 3) the applicant will lease no more than one-hundred (100) employees in this state without obtaining an unrestricted license in this state.

APPOINTMENT OF AGENT TO RECEIVE LEGAL PROCESS

I, _____, of _____
(Owner/Principal of Staff Leasing Company or Group) (Staff Leasing Company/Group)

hereby appoint _____,
(Full Legal Name)

of _____
(Complete Address)

to receive service of process on behalf of the firm in connection with lawsuits that are filed relating to the firm's staff leasing activities in Tennessee. This appointment shall remain in effect until such time as the firm files a subsequent Appointment of Agent to Receive Legal Process. I understand the firm's obligation to notify the Commissioner of a replacement by filing said document should the person or entity appointed in this document become unavailable due to death, disability or the person having removed him or herself from the state for more than thirty (30) days. I hereby affirm that I have notified the appointee of this appointment in writing.

(Signature)

(Print Owner/Principal's Name)

5. Principal Place of Business, Trade Names, etc.

Identify the principal place of business of the applicant as follows:

Name and Trade Name: _____

Address: _____

Taxpayer or Employer # _____

List by address each name under which the applicant has operated in the preceding five (5) years, including any alternative names, names of predecessors and names of related business entities with common majority ownership.

6. Financial Requirements

Attach the financial statements (including a balance sheet) as required by T.C.A. §62-43-108 showing that the applicant maintains an accounting net worth of not less than the greater of:

- a) Twenty-five thousand dollars (\$25,000); or
- b) Twenty dollars (\$20) per leased employee not to exceed in total fifty-thousand dollars (\$50,000)

In accordance with T.C.A. §62-43-108, such financial statements shall be:

- a) prepared in accordance with generally accepted accounting principals, consistently applied;
- b) accompanied by at least a compilation report by an independent certified public accountant; and
- c) attested to by the president, chief financial officer and at least one controlling person of the staff leasing company or staff leasing group.

The applicant should also attach, if necessary, surety bonds of credit and marketable securities to show that the financial statements are met to the satisfaction of the Commissioner. If the applicant submits surety bonds to show that the financial requirement is met, the applicant should also attach written documentation showing to the satisfaction of the Commissioner that the surety has adequate resources to satisfy the obligations of the surety.

Note: An applicant for a restricted license who is licensed and in good standing in its state of residence is exempt from demonstrating that it meets these financial requirements.

A nonresident applicant for a license that is not restricted who is licensed and in good standing in its state of residence is also exempt from demonstrating that the applicant meets these financial requirements under the following conditions:

- a) the licensing requirements in the applicant's state of domicile or residence are the same or substantially similar to the requirements to obtain a license in this state; and
- b) the applicant's state of domicile or residence grants the same or similar reciprocity privileges to staff leasing groups who reside in and or are domiciled in and licensed by this state.

Are you a staff leasing group applicant who will be meeting the financial requirements on a consolidated basis? ☐ Yes ☐ No

The applicant hereby opts to supply the financial statements and information within fifteen (15) days of the date appearing on a notification that the applicant has met all other requirements to obtain a license. ☐ Yes ☐ No

7. Guaranty

If the applicant is seeking a staff leasing group license, restricted or otherwise, attach a completed Guaranty Agreement.

8. Controlling Persons

Controlling Person, as defined by T.C.A. §62-43-103, means:

- (A) any natural person who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of any staff leasing company through ownership of voting securities, by contract or otherwise; or
- (B) any natural person employed, appointed or authorized by a staff leasing company to enter into a contractual relationship with a client on behalf of the staff leasing company.

Print below the names, residence addresses, titles, percentage of ownership and telephone numbers for each owner, director, manager or other controlling person as defined in T.C.A. §62-43-103, and each shareholder owning five percent (5%) or more of outstanding stock (attach 8 ½ X 11 inch sheets as needed.)

<u>Name & Address</u>	<u>Social Sec. #</u>	<u>Title</u>	<u>% of Ownership</u>	<u>Telephone Number</u>
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____

For each owner, director, manager or other controlling person of the applicant, disclose all criminal convictions except for convictions for minor traffic violations and driving under the influence of a controlled substance. The required disclosure shall include a complete explanation of the circumstances surrounding each offence, the sentence imposed and whether the sentence was successfully completed. Certified copies of any indictments, other charging documents, guilty pleas and judgments for each offense should be submitted with and attached to the application. For each controlling person, list each conviction in the manner set out below:

Name _____
Title of Conviction _____
Date of Conviction _____

Attach full explanation of circumstances on separate 8 ½ X 11 inch sheets. Attach additional 8 ½ X 11 inch sheets as needed to make full disclosure for each controlling person.

9. Contact Person

If partnership, corporation or limited liability company identify the controlling person of the applicant who the Department should contact regarding this application, or is a license is granted, regarding all licensure issues. Please note that the Commissioner will look to this person for ensuring that the company or group complies with all the laws and rules governing staff leasing companies or groups in Tennessee. All correspondence will be addressed to this person at the business address as indicated until the Commissioner is notified of a change of address of the contact person. Provide the information indicated below for this controlling person.

Name _____ Date of Birth _____

Title _____

Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

Telephone Number: _____ Social Security # _____

Home
Address: _____
(Street/P.O. Box #) (City) (State) (Zip Code)

Home Telephone Number: _____

10. Good Moral Character, Etc.

Has the applicant or any controlling person of the applicant:

(a) Ever been refused a professional license, registration or certification in any state?

Yes _____ No _____

(b) Ever had a professional license, registration or certification revoked or suspended or otherwise acted against including probation, fine or reprimand by a state or federal agency?

Yes _____ No _____

(c) Ever been found guilty of fraud, deceit or misconduct in the classification of employees and reporting of employee wages pursuant to the Tennessee Workers' Compensation Act compiled in Title 50, Part 6?

Yes _____ No _____

(d) Ever been found guilty of civil fraud by any court of competent jurisdiction in any state?

Yes _____ No _____

(e) Ever filed for bankruptcy protection?

Yes _____ No _____

(f) Is the applicant or any of its controlling persons currently under investigation by any state in connection with a license, registration or certification?

Yes _____ No _____

Note: If the answer to any of the questions above was answered in the affirmative, you must provide with the application a complete explanation of the circumstances including any court or regulatory agency documentation of the resolution and status of the matter.

The foregoing statements herein are true and correct. The attached financial statement, taken from the books is a true and accurate statement of the firm's condition as of the date thereof, and all information provided in this application is true. I have reviewed the application and have submitted all materials necessary at this time to enable the Commissioner of Commerce and Insurance to determine whether the requirements to obtain a license have been met. Further, the foregoing statements are submitted to the Commissioner for the express purpose of inducing the Commissioner to license the applicant in the State of Tennessee, and that any person, vendor or other agency herein named is hereby authorized to supply such Board with any information necessary to verify these statements. It is fully understood that any false statement made on this application is grounds for the denial of a license and for revocation of such license if the falsehood is discovered after issuance. I acknowledge having reviewed this application and understand that the staff leasing company or group is expected to comply with all of the terms of the Tennessee Employee Leasing Act and rules promulgated thereunder. I expressly affirm that the company and/or group will meet all the notification requirements contained in the Act and the rules promulgated thereunder. I also understand that I must provide proof of workers' compensation insurance for all leased employees in Tennessee who are required to be covered by workers' compensation under Tennessee laws to the Commissioner in order to obtain and retain a license.

(Each owner/proprietor, general partner, officer, director and controlling person with this company, firm or corporation must execute this affidavit.)

_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)

Sworn to me this ____ day of _____, 20__.

(Notary public) My commission expires: _____

SEAL